



UNITED INDIA INSURANCE CO. LTD.,
(A subsidiary of General Insurance Corporation of India)
Regd. & Head Office: United India House, 24, Whites Road, Chennai 600 014.

DOMICILIARY TREATMENT CLAIM FORM

Issuance of this form does not amount to admission of any liability under the claim on the part of the Insurers.

Please give the following information correctly and completely to enable the Company to process your claim promptly.

1	Name of the Insured (in whose name policy is issued)	:	
2	Details of the Insured person (in respect of whom claim is made)	:	
	(a) Name & relationship to the Insured	:	
	(b) Present completed age	:	
	© Occupation	:	
	(d) Residential address	:	
3	Policy no.	:	
4	Nature of disease/illness contracted or injury suffered	:	
5	Date of injury sustained or Diseases/illness first detected	:	Date Month Year
6	(a) Name & address of the attending Medical Practitioner	:	
	(b) Registration no.	:	
	© Qualification & Tel. no.	:	
7	(a) Name & address of the Hospital/Nursing Home	:	
	(b) Registration no.	:	
	© Date of Admission	:	Date Month Year
	(d) Date of Discharge	:	Date Month Year
8	If the claim is for Domiciliary Hospitalizations, please indicate	:	
	(a) Date of commencement of treatment	:	Date Month Year
	(b) Date of completion of treatment	:	Date Month Year
	© Name & Address of attending Medical Practitioner	:	

